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# The Role of Communication in Comprehensive Anemia Control:

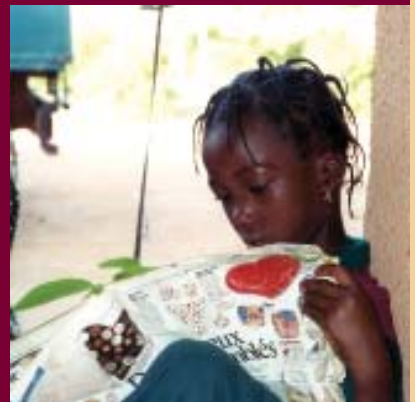
## A Framework for Planning and Implementing a Strategic Communication Plan

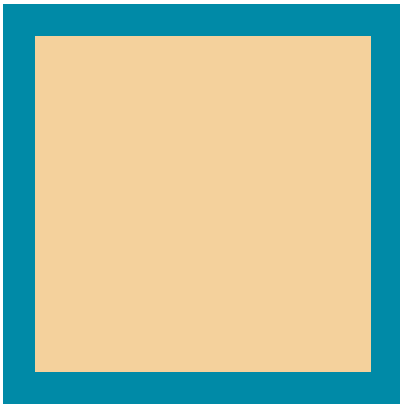
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## About INACG

The International Nutritional Anemia Consultative Group (INACG) is dedicated to reducing the prevalence of iron deficiency anemia and other nutritionally preventable anemias worldwide. It sponsors international meetings and scientific reviews and convenes task forces to analyze issues related to etiology, treatment, and prevention of nutritional anemias. Examination of these issues is important to the establishment of public policy and action programs.

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## Background

Anemia is a global problem of enormous proportions. It exacts a major toll through its adverse effects on health and human development, and thus on productivity and economic development. Anemia can be caused by nutritional deficiencies, such as iron, folate, and vitamin B<sub>12</sub> deficiencies, and by health factors, such as malaria, heavy loads of some helminths—especially hookworm—and other inflammatory or infectious diseases.

Globally, little progress has been made in controlling anemia, in part because the etiology of anemia is multifactorial. Although specific interventions to control anemia exist—for example, iron fortification of foods, prenatal iron and folate supplementation, deworming children and pregnant women in endemic areas, and presumptive malaria treatment in endemic areas—few countries have integrated such interventions into a package of control measures. Hence, a major challenge for program managers is to implement comprehensive prevention and control strategies that cut across political, institutional, and disciplinary boundaries.

The International Nutritional Anemia Consultative Group (INACG) has recognized that an important element of a coordinated and integrated strategy for reducing the prevalence of anemia is the use of a strategic communication approach. To demonstrate this approach, INACG hosted a workshop on the role of communication planning in comprehensive anemia control. The motivation for holding the workshop was the recognition that although technologies are available for controlling anemia, relevant organizations often do not work together to manage the interventions. Clearly, for an anemia control program to be effective, there must be collective ownership of the program by all those who can affect the outcome. This will be achieved only if there is cooperation and agreement on the public agenda for anemia control, the advocacy needed to develop and implement appropriate policies and programs, and the actions needed to promote a positive change in the enabling environment.

Because the mix of underlying causal factors for anemia differs across continents, it was decided that the workshop would focus on Africa, and representatives from Ghana, Eritrea, and South Africa were invited, representing western, eastern, and southern Africa. Seven or eight major stakeholders from each country attended the workshop. Among them were program managers from the Ministries of Health, Agriculture and Livestock, Education, Local Government and Rural Development, Finance and Economic Development; academics involved in setting national nutrition policy; private-sector health journalists; and representatives of professional societies such as pharmacists. Participants first set about defining the problems they face in implementing a comprehensive integrated plan of action for anemia control. Next, each country team developed a strategic communication plan specific to their country's needs to support the implementation of their integrated anemia control program.

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*Anemia can result from nutrition-related causes, such as iron deficiency, inflammatory/infectious diseases, and blood loss*

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This brief describes a framework for planning and implementing a strategic communication plan and bringing together the different groups working on programs to reduce the prevalence of anemia. The framework is currently being used in Ghana, and examples from that country are given where relevant.

## Behavior Change and the Role of the Environment

Public health programs invariably require behavior change—for example, increasing the food intake of a particular group, improving the clinical skills of health care providers, or enhancing the effectiveness of public- and private-sector institutions or the legislative behavior of policy makers. Behavior change approaches are often thought of in terms of reaching a specific target audience with a message, such as making sure that pregnant and lactating women know that they need to eat a balanced diet. The underlying assumption is that if people have the necessary information about a threat to their health, they will change their behavior and the issue will be resolved. The problem with this assumption is that knowledge and awareness about a problem are not themselves sufficient to alter behavior. The determinants of behavior are far more complex than simple ignorance that can be remedied by the infusion of information. They include a broad array of factors, including culture and tradition, previous experience, the values people place on the outcome of the behavior change, observation of others, and the extent to which the desired change is socially sanctioned or reinforced by society. Thus the total environment in which an individual lives is a critical determinant of behavior. Focusing on the individual without changing these environmental factors is not likely to lead to successful behavior change.

Although changing the behavior of individuals in the short term is relatively easy, altering patterns of behavior over the long term in the absence of reinforcement is exceedingly difficult. Here again, the importance of changing the environmental factors is underscored, this time as a mechanism for institutionalizing reinforcement.

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*...the total environment in which an individual lives is a critical determinant of behavior*

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## The Role of Communication

Communication is central to behavior change at all levels in public health practice. For example, nurses, physicians, and other health care workers need to know how to screen for anemia, diagnose the underlying cause, and provide timely and appropriate treatment for their patients or clients. In this context, communication figures prominently in training health care personnel, in implementing a screening program or policy, and in eliciting information from clients and providing education to those who have anemia. Policy makers, too, rely on communication. They are frequently inundated with a




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*The multifactorial determinants of anemia require that prevention and control efforts involve a broad array of programs and professionals, including policy makers.*

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broad range of competing issues and concerns and often are overwhelmed by data and information. Consequently, they may not be able to differentiate between priorities and information that may be desirable but not essential for decision making. In all such instances, communication has a role to play, whether it is providing an individual with information and skills or raising awareness about an issue with a senior member of an organization or institution such as a government ministry.

Too often, however, communication efforts focus on a single audience or a single behavior. The multifactorial determinants of anemia require that prevention and control efforts involve a broad array of programs and professionals, including policy makers. Because public health programs are often specialized and limited to narrow and discrete audiences, the challenge is to identify and use approaches that will convince the architects and managers of the different anemia-related programs that anemia control can add value to their programs.

The effective use of an integrated strategic communication plan can be a powerful way to accomplish the goal of controlling anemia while at the same time ensuring that the necessary elements are in place to sustain the program over time.

### What Is Effective Communication?

Effective communication includes both receiving and sending—it is bidirectional. Thus communication activities need to make use of individuals' skills as listeners as well as their skills in imparting information. Too often, however, health professionals use the term communication when they mean dissemination. Dissemination is a one-directional approach to distributing information and is only part of the communication process. For example, an effort to educate pregnant women about the importance of taking prenatal iron supplements might make use of a poster campaign or the distribution of brochures to inform or "talk" to people about the benefit of taking the supplements.

Another characteristic of public health communication is that messages must be communicated with multiple and diverse audiences across a broad spectrum of cultures, languages, knowledge, attitudes, beliefs, and skills. Hence, a single message or a single strategy is not likely to be effective in reaching all the different groups. Nevertheless, this is a mistake that is too often made in public health campaigns.

Multiple audiences—for example, policy makers, health care providers, and individual consumers—need to be reached in an anemia control program. Each audience will view the problem from a different perspective and have different attitudes, beliefs, and information needs. Any communication approach has to be tailored to meet the specific needs of the audience. This



may require framing the problem differently, using different language or words, or acknowledging the social and cultural importance of the way the problem is viewed. Creating a one-size-fits-all approach is almost certain to fail.

The choice of delivery channels to use to reach a given audience is also important for effective communication. Messages can be channeled simply, such as in the use of posters or of stickers on food packaging stating that the contents are fortified with iron. Alternatively, more sophisticated media such as newspapers, audio tapes, or the Internet can be used. Each channel of communication has a unique set of strengths and weaknesses. Some are inherently unidirectional, such as newspapers and television, while others may be bidirectional or interactive, such as the Internet, the telephone, a workshop, or a community meeting. Some channels may be perceived as more credible and effective than others, in which case they should be the channels of choice. Clearly, communication channels need to be chosen to fit the “receiving” characteristics of the target audience. Choosing the right channel enhances the likelihood that the message will be received and acted upon appropriately.

The implications of the need for bidirectional communication for developing an effective strategic communication plan are that program managers and planners must:

1. Be listeners as well as senders of messages. They need to understand:
  - a. How a particular audience views the problem
  - b. What people in that audience regard as the information they need to know to adopt behaviors that will have a positive effect
  - c. What the audience views as barriers to change
2. Understand and describe the different audiences:
  - a. How do their needs differ?
  - b. How are they similar?
  - c. How can messages be tailored to reach them such that they are most likely to be responsive?
3. Accept from the outset that messages will have to be fine-tuned and refined as the program evolves. This will require having feedback mechanisms in place that constantly monitor how the messages are being received, perceived, and acted upon.
4. Carefully choose the communication channels to enhance the likelihood of the messages being heard and appropriately acted upon.

Effective communication is an active and continuous process, which means that it only begins as the message is sent.

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### *Developing an effective communication strategy involves:*

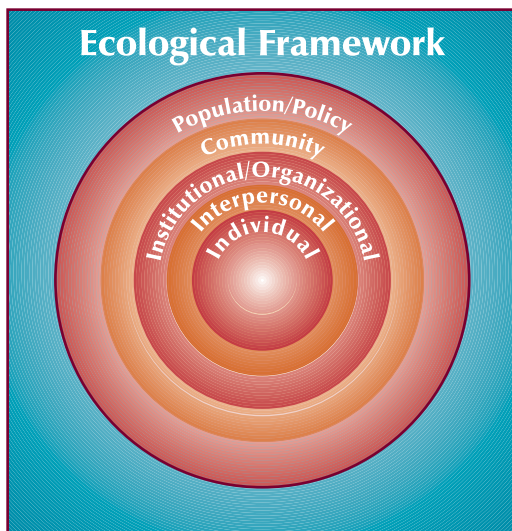
- *Listening as well as sending messages*
  - *Understanding and describing different audiences*
  - *Fine-tuning messages as the program evolves*
  - *Carefully choosing communication channels*
- 
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## Understanding and Influencing the Diffusion of New Ideas

Nutrition program planners and policy makers face many challenges when deciding how to engage other policy makers and program managers in anemia control activities. Non-nutritionists often are not aware that anemia is an enormous problem, and those who are aware of it are typically focused on other priorities and have little time to consider anemia control. The challenge therefore lies not only in raising awareness about the need for anemia control but also in indicating in the context of other programmatic concerns how controlling anemia can add value to what other programs are doing.

The process of diffusing innovations<sup>1</sup> can be accelerated and strengthened in several ways. These include involving the target audience in the design and implementation of the program, providing ongoing mechanisms to reinforce and support the idea or message being delivered, and segmenting the audience. One of the most important, and in many ways the least costly, method is to identify or locate an idea champion who will help propagate the idea or message throughout the population. Ideally, an idea champion is someone of stature with credibility among the target audience who can become a standard-bearer or spokesperson for anemia control. While not a replacement for a well-conceived and executed strategic communication plan, having a credible spokesperson promoting and championing an idea can make the difference between success and failure.



## Strategic Communication Planning: The Ecological Framework

Using the ecological framework is one way of organizing and shaping thought about the strategic use of communication at different ecological levels, namely, the political, community, institutional, and individual levels.<sup>2</sup> The foundation for the framework is the well-known fact that effective long-term behavior change rarely occurs in the absence of a fundamental change at the policy, community, institutional, and individual levels. A corollary to this fact is that highly focused and targeted programs and campaigns directed at consumer behavior alone, without a fundamental change in the environment in which people live and work, are programmed to fail. The strategic use of communication can play a critical role in initiating and affecting change in these diverse environments. That said, communication

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<sup>1</sup> E. M. Rogers, *Diffusion of Innovations* (New York: Free Press, 1983).

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<sup>2</sup> The use of the term "framework" rather than "model" is deliberate. A framework can be used to shape and frame one's thinking. The term "model" suggests that the approach can be used to predict an outcome, e.g., the success or failure of a communication campaign.

strategies alone—no matter how well conceived and executed—are not themselves sufficient to foster behavior change. They must be complemented by well-conceived, well-executed, and carefully evaluated programs and policies.

In using the ecological framework to develop and plan a strategic communication approach, factors that need to change at every level of the environment in which people live—that is, the individual, interpersonal (practice), institutional (working), community, and policy levels—have to be considered.

The value of using such a framework is that it forces program planners to think about each environmental level in terms of the best opportunities to leverage change (that is, in terms of strategies) and subsequently to think about how communication might be used to accomplish those ends (that is, what tactics to use). Strategic decisions have to do with *what* has to change, while tactical decisions have to do with *how* it will be changed.

## Using the Ecological Framework

The steps involved in using the ecological framework are illustrated in the figure at right. As with other planning approaches, this one begins with an analysis of the problem and proceeds through to evaluation of the program after it has been implemented. The framework includes a feedback loop from evaluation back to strategy, message development, and other elements.

The following sections use Ghana as a case study. The strategic decisions made in formulating a strategic communication plan are described in steps 2 through 5, while steps 6 through 8 focus on the tactical decisions and describe the plans for implementing and deploying these strategies.

### 1. Problem analysis

To solve problems through communication, the contributing factors must first be understood. Issues to be considered include identifying the groups most affected by anemia, the major individual and organizational stakeholders, and the main facilitating and constraining factors that will affect the choice of strategies.

The questions to be considered include the following:

#### a. Definition

- *What is the problem?* The first national anemia survey in Ghana, conducted in 1995, found that 84% of children 6–59 months old, 71% of school-aged children, 65% of pregnant women, and 59% of lactating women were anemic according to the World Health Organization (WHO) criteria for these age/physiological groups; thus they comprise the priority groups.





*Malaria is a major cause of anemia in some countries*



*Stakeholders from Eritrea, Ghana, and South Africa gathered at a workshop to develop national communication strategies for anemia control*

- *What contributes to it?* Lack of awareness of the extent of the problem and thus insufficient resources allocated to control anemia.
- *Is the problem getting better or worse?* For Ghana this is unknown, as the first national anemia survey was conducted in 1995. Also, without knowledge of the underlying causes, it is not possible to say whether the prevalence of anemia has declined with the intensification and expansion of programs such as Roll Back Malaria. Until recently, iron-folate requisition procedures were very weak, which was a hindrance to anemia control.

#### b. Categorize causes

- *Biological:* The main causes of anemia in Ghana are consumption of foods that are low in highly bioavailable iron, other micronutrient deficiencies, malaria, schistosomiasis, and infection with intestinal helminths, notably hookworm.
- *Behavioral:* Less than optimal dietary intake and poor hygiene and sanitation practices contribute to anemia.
- *Political environment:* Historically, given a lack of data on the extent of anemia, there was no political commitment at any level in the health care system to controlling anemia. With no information on the need for anemia control, public demand for action was also lacking.
- *Service delivery:* The less than ideal iron-folate requisition system was coupled with an inadequate distribution of iron-folate supplements, a non-uniform antimalarial treatment schedule, and a lack of national guidelines for deworming. Inadequate training, supervision, and monitoring systems at regional and district levels resulted in non-adherence to both iron-folate and malaria prophylaxis policies. Inadequate counseling was provided on the need for and use of iron-folate supplements and delayed and infrequent prenatal care visits.

#### c. Stakeholder analysis

- *Who are the stakeholders?* The Ghana Health Service, through its Public Health Division and its Institutional Care Division, has oversight responsibilities for all activities related to anemia control in Ghana. Anemia control is coordinated through the Nutrition Unit of the Ghana Health Service (GHS). The Roll Back Malaria program, the Reproductive, Adolescent, Child Health, Safe Motherhood, and Parasitic Disease Control programs of the GHS; the School Health Education Program (SHEP) of the Ghana Education Service; the Ministry of Food and Agriculture (MOFA); and the media are all stakeholders.
- *How are they affected?* Severe anemia from malaria is a major contributor to malaria mortality. Anemia in pregnancy is common, and when severe it is associated with maternal and neonatal mortality. Anemia may also be associated with low birth weight and preterm birth, which are important underlying factors in infant mortality. Together these factors make anemia control important in reproduc-

tive and child health programs. Individuals with iron deficiency anemia may be more susceptible to infections, and thus its control may be important in improving the welfare of the general population and reducing the economic burden of disease. Iron deficiency anemia results in poor cognitive development and contributes to poor school performance; thus programs to prevent and replenish iron losses, such as deworming with and without iron supplementation, are important for the success of the SHEP program. Iron deficiency anemia also lowers worker productivity, slowing economic development. Because women constitute the majority of food producers in the country, increasing access—both logistically and financially—to foods that contain highly bioavailable iron or enhance the absorption of iron and foods that are fortified with iron is important for the MOFA's contribution to the national economy. The media, too, are stakeholders, and through print and electronic media by well-informed media practitioners, they can assist by providing education and information to the public on what they can do for themselves.

#### d. Historical

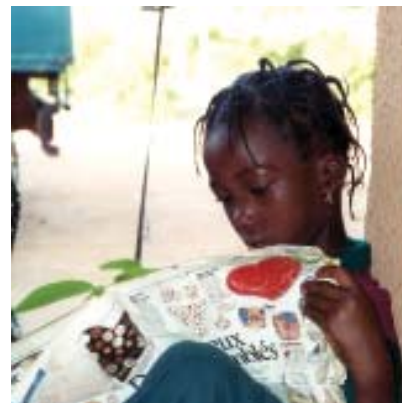
- *What has been done in the past?* Anemia in pregnant women has been addressed through the national prenatal care program, primarily by giving iron-folate supplements and chemoprophylaxis for malaria, or at least having policies to do so. Small-scale deworming projects for school-aged children have been carried out. Similarly, small-scale iron supplementation projects for young children have been carried out.

#### e. Restraining and enabling factors

- The major *restraining* factors that pose challenges for implementing a long-term strategic plan for anemia control in Ghana include cultural and language diversity, religious beliefs, physical accessibility of services, dietary practices, lack of widely consumed centrally processed foods that could be vehicles for iron fortification, resources, potential problems in sustaining the involvement of all stakeholders, and the lack of political and public awareness about the consequences of anemia and their cost for national development.
- The major *facilitating* factors are the existence of a National Multisectoral Coordinating Committee for anemia control that includes representatives for the different stakeholders, commitment of stakeholders, a good policy environment, existing programs to build on, access to some expertise, a supportive media environment, and the availability of data defining the problem.

#### f. Resources

- *What funds are available?* Funds are available from the Ghanaian government budget health fund, donor funds, and the UN agencies.
- *What experienced staff are available?* Health staff of all categories, teachers, and community health volunteers are available.




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*Efforts to control iron deficiency anemia are important for the success of early childhood development programs*

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*Accessibility of health services are among many factors that can affect anemia control programs. Here, a traditional birth attendant distributes iron/folate tablets.*



- *What collaborators are available?* The United Nations Children's Fund (UNICEF) and The U.S. Agency for International Development (USAID) both support anemia control in its broadest sense in Ghana. The United Nations Population Fund (UNFPA) provides support for reproductive and child health activities, while WHO and other bilateral donors and nongovernmental organizations support the Roll Back Malaria and Integrated Management of Childhood Illness (IMCI) programs.

g. **Additional data and information.** The following questions may also be helpful at the problem analysis stage, although they were not relevant in Ghana's case given the amount of information and problem analysis that had already taken place.

- *What else needs to be known?*
- *Where can the information be found or obtained?*




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*Prenatal care visits are an opportune time to deliver messages and care to women to prevent or treat anemia*

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## 2. Selecting the strategies

Traditionally too little time is spent on identifying the strategic decisions and all too frequently communication planners focus on tactics. However, time spent thinking through how to leverage change is critical to the success of using communication approaches strategically.

The three critical issues that need to be addressed in selecting strategies are the following:

- a. What needs to change? What important changes need to take place for progress to be made in solving the problem?
- b. At what level of the ecological framework does change need to occur? At the consumer level, the provider level, the policy level, or all three?
- c. How can communication be used to bring about that change?

To develop a comprehensive anemia control program with a reasonable likelihood of reducing the prevalence of anemia over a sustained period, the changes that have to take place at each ecological level must be identified. In Ghana, for example, these would include:

- *The individual level:* This would entail pregnant women going earlier for prenatal care, improving their compliance with daily intake of iron-folate supplements, and increasing the number of iron-folate supplements they take during pregnancy. Also, it would involve increasing the intake both of foods rich in bioavailable iron and of foods that enhance iron absorption, or decreasing the intake of foods that inhibit iron absorption.
- *The interpersonal level:* Physicians, nurses, and other health workers should be able to recognize the early signs of anemia and provide the appropriate treatment and counseling, depending on the cause of the anemia. Pharmacists and health personnel should ensure that they provide correct information on dosages and side effects.

- *The organizational/institutional level:* The food industry could agree to implement quality assurance measures in food fortification. Supporting agencies, such as the Food and Drug Board and the Ghana Standards Board, should provide adequate guidelines and supervisory support.
- *The community level:* District Assemblies should commit the resources for improved environmental sanitation. Access should be improved to services via placement of clinics, provision of transportation, and the like.
- *The population/policy level:* Policy makers should allocate more resources to support anemia control efforts in the ministries over which they have control.

The next step is to identify *what* strategies can be used to initiate the required behavior changes, and at what levels in the government or service delivery systems, and *how* communication will be used to make the behavior change. For example, does awareness need to be raised to change knowledge, attitudes, and beliefs? Do practices need to be altered or new skills taught? Do people need to be motivated or provided with encouragement or reinforcement? Table 1 illustrates how these concepts may be applied. In essence, individuals live and function in a social, community, institutional, and policy environment that has as much to do with predicting behavioral outcomes as individual-level choices. Successful programs find ways to shape and alter that environment so that individual behaviors are supported and reinforced at all levels. Care and attention in selecting the right strategy mix will greatly facilitate the next steps in the process. The second and third columns of Annex 1 present this information for Ghana as well as the time frame, the responsible person or institution, and the outcomes expected.

**Table 1. Identifying and applying the strategies for a comprehensive anemia control program**

| Where?<br>(Ecological Level)  | What needs to change?<br>(e.g., knowledge, attitudes, beliefs, motivation, behaviors, skills, financing, policy, services) | How will communication be used to make the change?<br>(e.g., awareness, information, advocacy, education, reinforcement, social sanctioning) |
|---|--|--|
| Population (e.g., public policy, social norms)  |  |  |
| Community (e.g., village, town)   |  |  |
| Organizational/institutional (e.g., intergovernmental, public, private, donor, religious) |  |  |
| Interpersonal (e.g., family, health care provider, client)                                |  |  |
| Intrapersonal (i.e., individual)  |  |  |



*Collaboration with the food industry can lead to fortification of local staple foods*





### 3. Identifying target audiences

The strategic (or “what”) options selected determine the choice and decisions about the audience for a campaign. Issues to be considered include:

- a. Which are the highest priority groups in terms of meeting the program objectives? For example, to have an immediate effect on reducing the prevalence of anemia in a region, program managers in Ghana decided to target the anemia-related knowledge and education efforts to health care providers who are involved in prenatal care, because this program already exists and reaches 87% of pregnant women. The program will then expand to cover other health care providers who serve young children and schoolchildren and also the food industry, which serves the general population.
- b. Which audiences are the most accessible given the resources currently available, that is, time and money? In Ghana this would first be pregnant women who already come for prenatal care, young children through Child Welfare clinics, and school-aged children through the School Health Education Program.
- c. What is known about the receptivity of the audience of interest to changing its behavior? This will require audience assessment using interviews, focus groups, or surveys with a representative sample. Clearly, it does no good simply to exhort people to engage in new behaviors if they are not prepared to make a change.

Once a target audience has been identified, the steps to determine their understanding and perception of anemia must be identified. This would include finding out how the target audience is likely to view the proposed solutions. Consideration also must be given to the types of messages that might be most likely to reach them. To this end, formative research can be conducted with focus groups, surveys, or interviews with potential audience members or discussions with key leaders who know and understand how the target audience thinks and feels about the problem. Such research need not always be time consuming or expensive. Effective communication is predicated on knowing the target audience and the factors and issues that concern it before crafting any sort of message.

### 4. Selecting behavior objectives

Knowledge alone rarely leads to behavior change. Simply educating a target audience about anemia is not likely to reduce the prevalence of anemia. The critical question planners of a communication campaign need to ask themselves is: “What do we want the people we are targeting to do after they have heard our message?” If, after they hear the message, the audience continues doing what they did in the past, then the approach has not had a



*Identifying target audiences  
is a critical step in  
developing a strategic  
communication plan*

positive effect. As a corollary, communication planners also need to ask: *“What barriers stand in the way of the audience doing what we want it to do?”* Behavior modification is more likely to occur if one or more of these barriers is removed. For example, community health workers in Ghana are willing to counsel mothers about the need to take prenatal iron and folate supplements. However, they have not been given adequate training on how to counsel. Moreover, sometimes they cannot deliver the supplements because they have not requested sufficient supplies. In this case the audience would be the district health officer and the pharmacists, and the desired behavior change would be reviewing and revising the procurement or resupply system for prenatal iron-folate supplements, making budgetary provisions, and obtaining funds for both the supplements and training for the health workers.

## 5. Choosing collaborators

A strategic communication plan is usually implemented with collaborators. They can be individuals, agencies, or organizations with similar goals or shared interests. Their involvement in developing the strategic plan can be of crucial importance given that resources are always a constraint. Collaboration is an important way for scarce resources to be shared. It is also a way of finding allies in important venues that may not otherwise be accessible.

Controlling anemia requires input from many organizations and institutions in multiple sectors that have shared interests and thus among which there is the potential for shared agendas. In addition, despite the important effects of anemia in many developing countries in increasing morbidity and mortality and lowering cognitive development and worker productivity—all of which have economic implications—its control is not always high on the agenda of all program managers or policy makers. Long-term change in the prevalence of anemia is only likely to occur when anemia-related program elements are institutionalized within existing program and policy structures. Hence, the goal for anemia control is to look for collaborators with well-established programs, serving essentially the same populations as those being targeted. In Ghana, for example, this would be the School Health Education Program, which has the potential to reach young children and adolescents with messages; the Parasitic Control Program, which plans and coordinates the distribution of anthelmintics; the Roll Back Malaria program; and the IMCI strategy, which instructs caretakers about the first line of home-based care for a sick child, including how to identify signs of illnesses such as malaria. The objective is to inform potential collaborators that by addressing the anemia control goal they can also add value to their programs.

Good collaborators also include those who can serve as idea champions and innovators or who can help propagate ideas more quickly. They can be people and organizations with that most important asset—credibility—who

can help diffuse the message to the relevant target audience. In Ghana, for example, beauty queens are popular, especially among the youth. These young women were identified as potential idea champions because they usually select a health theme to promote during the year in which they reign.

Choosing collaborators is often a question of politics. Gaining the support of key individuals and organizations, or, conversely, not choosing to partner with certain individuals and groups that may make it more difficult to effectively deliver the message to the target audience, is important.

## 6. The message

To be effective, a message needs to be crafted with care so that it resonates with the audience and facilitates or induces the intended change in behavior. Crafting such messages involves careful attention to the audience, formative research, and a willingness to abandon or change the message if it does not prove to be effective.

Below are some general guidelines, along with examples from Ghana where appropriate.

- Messages must be developed within the context of the audience's current beliefs, attitudes, and emotions. For example, every Ghanaian mother wants to have a strong and healthy child.
- The message should convey some information or an explanation about why the listener should care. For example, "Your child will be healthy and strong if he or she has enough blood."
- The message being sent very likely is competing with many other messages that the audience is receiving. Consequently, the message must be designed to break through that clutter or "noise."
- Remaining focused on the behavior change being sought is essential when crafting the message. For example, "Giving your child a supplement or complementary food supplement<sup>3</sup> will make him or her strong and healthy."
- The message must be sustained over time. Few communication campaigns have succeeded by delivering a single message one time. It is through repetition and hence reinforcement that people begin to internalize the message.
- The tone of the message must be appropriately matched to the behavioral objective. For example, a humorous tone would not be fitting for a campaign about the importance of using insecticide-treated bednets to prevent death from malaria.




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*Radio can be used to deliver messages to a broad audience*

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<sup>3</sup> These include sprinkles, spreads, or dissolvable tablets that are intended to supplement complementary foods to meet the nutritional needs of older infants and young children.

Marketing people and advertisers have been using these approaches since the early 20th century. Much can be learned from what they have done, and it can be useful to develop collaboration with such agencies.

Not all messaging involves mass media such as radio, television, and posters. Frequently a message will be delivered by a single individual to another individual—for example, a health care provider to a patient or client, in the privacy of an office. Nevertheless, the principles remain the same.

## 7. Media and channels

Channels are the pathways that deliver messages. They can be as varied and complex as mass media channels, such as a radio, or as simple as a sticker pasted to a wall. The channels chosen should not be based on the resources available but rather on the audience, the nature of the message, and whether or not immediate feedback is required.

Different channels have different strengths and weaknesses. Using multiple channels often increases the likelihood that an audience member will hear the message. If resources permit the use of only a single channel—for example, the production and dissemination of a single brochure in a one-size-fits-all approach—it might be preferable to use less expensive, informal channels, such as word of mouth, rather than investing a large amount of money and relying on a single message using a single channel to reach everyone, as this will not be effective.

## 8. Outcomes and evaluation

In developing a strategic communication plan, the outcomes expected for each behavior to be changed must be identified from the outset. This is important, as the extent to which the behavior changes are achieved will determine the success of the plan. The final column in Annex 1 lists the outcomes expected in the plan developed for Ghana.

As with all programs, success is measured through monitoring and evaluation. This entails determining:

- a. The effectiveness in getting the message out—for example, the number of brochures, radio advertisements, newspaper columns, or posters distributed
- b. Whether the audience is seeing, reading, or hearing the message
- c. The effect of these messages on the audience's knowledge, attitudes, or beliefs
- d. Behavioral outcomes: Have they changed? If so, have the changes resulted in changes in health outcomes?

Evaluation not only measures what has been accomplished, it also indicates what needs to be done to fine-tune or refine a message or another campaign element. Marketers have a better understanding of this than most public health managers and are constantly conducting surveys or running focus groups to better understand how effective they have been both in getting their message through and in altering behavior.

In assessing the results of a communication campaign, it is important to be realistic in terms of providing enough time for the intervention to work. People's attitudes, beliefs, and behaviors do not become established in a matter of weeks or months but over years and decades. Therefore, programs need to be realistic in their envisioning of how quickly change can be induced.

Evaluation feedback loops must be built into program plans and budgets, because it is a virtual certainty that communication planners will not get it "right" the first time.

## Choosing Priorities

As Annex 1 shows, thinking about a problem inevitably generates a long list of target audiences, behavioral objectives, tasks, and so on. This phase of planning can often seem as overwhelming as the problem itself. It is important to realize that it is not possible to do everything at once. Most of the behavioral challenges that program managers face have developed over a long time, and it is not reasonable to expect that they will change overnight. Consequently, decisions must be made about which strategies and approaches to pursue and when. Changing deeply rooted attitudes and beliefs, for example, will be a longer-term strategy than raising general awareness about a problem.

Developing a time line that identifies short-term (6–12 months), medium-term, (12–24 months), and long-term (2+ years) tasks is the best way to plan. Questions to ask that can help with this decision making include the following:

1. What resources are immediately available to implement the strategy? If resources are limited at the outset, which is often the case, it may be best to begin with one-on-one sensitization meetings with key policy makers.
2. What aspects of the problem can be addressed with limited start-up resources that will produce the most visible change? It may be best to start with activities that result in demonstrable and clear results relatively quickly. This approach can provide important reinforcement for those who may see the problem as intractable.
3. What strategies and tactics need to be sequenced first to leverage change in the future? For example, while sensitizing policy makers about the need for more resources to control anemia, the issues to be covered and

the design of the formative research needed for developing behavior change campaigns can be identified and developed.

Annexes 2 and 3 illustrate the outcome of these concepts in Ghana's anemia control program, whereby the universe of intervention strategies and approaches listed in Annex 1 were prioritized by feasibility and time.

## Final Observations on Strategic Communication Planning

The framework presented here should be used as a guide to help program planners identify the key steps in developing a strategic communication plan. The framework highlights the importance of understanding the problem that is to be solved, crafting messages that reflect the knowledge, attitudes, and beliefs of the intended audience, and delivering the message through channels to which audience members have regular access. However, unless changes in the policy, institutional/organizational, and community environments are also addressed, the chances of long-term change are greatly diminished.



## Annex 1

### Reducing the Prevalence of Anemia: Components of Strategic Communication Plan in Ghana

| Ecological Level                 | “What”   | “How”   | Time Frame  | Responsible Person or Institution   | Outcome   |
|----------------------------------|--|---|-------------|---|---|
| Population/Policy                | 1. Create and improve political awareness                                | 1a. Sensitization meetings with: <ul style="list-style-type: none"> <li>• Political leaders at different levels</li> <li>• Top civil servants</li> <li>• Trade union and employers associations</li> <li>• Association of industries</li> </ul> 1b. Produce user-friendly information packs | Short-term  | Nutrition Unit  | (a) Resources committed<br>(b) Public statement by Minister of Health on anemia and what the country is doing to control it<br>(c) Anemia control explicitly included in health programs                |
|                                  | 2. Create and improve public awareness                                   | 2a. Sensitization meetings with: <ul style="list-style-type: none"> <li>• Media</li> <li>• Organizers of beauty pageants</li> </ul> 2b. Prepare press briefs<br>2c. Sensitize public through the media<br>2d. Use beauty queens to educate public on anemia                                 | Short-term  | <ul style="list-style-type: none"> <li>• RBM</li> <li>• IMCI coordinator</li> <li>• Media representatives</li> </ul>                            | (a) Media awareness<br>(b) Media to get public to be aware of the problem and consequences of anemia; its prevention and control<br>(c) Adoption of sound practices by public                           |
|                                  | 3. Legislation and regulation  | 3. Draft legislation and regulations for: <ul style="list-style-type: none"> <li>• Funding for environmental sanitation</li> <li>• Food fortification</li> </ul>  | Medium-term | <ul style="list-style-type: none"> <li>• MLGRD</li> <li>• Nutrition Unit</li> </ul>   | (a) Legislation on environmental sanitation enacted<br>(b) Food fortification regulation incorporated in food law   |
| Community                        | 1. Knowledge, attitudes, and practices                                   | 1a. Identify champions (idea captains), CBOs, and FBOs<br>1b. Hold workshops to educate identified persons and groups<br>1c. Use social functions, e.g., festivals, durbars, and funerals, to educate communities   | Long-term   | <ul style="list-style-type: none"> <li>• Nutrition Unit</li> <li>• National Coordinating Committee</li> </ul>                                   | Knowledge, attitudes, and practices related to anemia and its consequences and control improved in targeted communities   |
|                                  | 2. Environmental sanitation  | 2. Lobby District Chief Executives, NGOs, FBOs, MDAs to commit resources to improve environmental sanitation  | Long-term   | MLGRD   | Resources committed   |
| Organizational and institutional | 1. Knowledge, attitudes, skills of health providers and extension agents | 1a. Ensure anemia control in ongoing pre-service curriculum review<br>1b. Sensitize health professionals, e.g., GMA, NMC, Pharmacy Council, and PSG, to incorporate anemia control in continuous medical education  | Medium-term | <ul style="list-style-type: none"> <li>• Nutrition Unit</li> <li>• IMCI Coordinator</li> <li>• Representative from Teaching Hospital</li> </ul> | Anemia adequately covered in pre-service and in-service curricula and training materials  |
|                                  | 2. Harmonize monitoring and evaluation system                            | 2a. Meet to: <ul style="list-style-type: none"> <li>• Adopt and disseminate WHO standards as national standards</li> <li>• Agree on indicators for monitoring</li> </ul> 2b. Review protocols and standards information packs   | Short-term  | Nutrition Unit  | (a) All anemia control programs use national hemoglobin cutoff to define anemia<br>(b) Program use agreed-on indicators for monitoring and evaluation<br>(c) Health workers adhere to revised protocols |

## Annex 1 (continued)

### Reducing the Prevalence of Anemia: Components of Strategic Communication Plan in Ghana

| Ecological Level | “What”  | “How”   | Time Frame  | Responsible Person or Institution          | Outcome  |
|------------------|---|---|-------------|--|--|
| Interpersonal    | 3. School Health Policy and Strategy  | 3. Incorporate anemia control activities in school health policy, strategies, and work plan   | Short-term  | • SHEP<br>• GHS                            | Anemia incorporated in school health policy                                    |
|                  | 4. Private-sector involvement   | 4a. Sensitization meeting with private sector representatives<br>4b. Prepare information packs<br>4c. Encourage private-sector promotion of deworming | Short-term  | IMCI coordinator                           | Private-sector promoting deworming   |
|                  | 5. Quality assurance of iron tablets  | 5. Meet with Pharmacy Council to agree on specific problems and solutions or action to be taken   | Medium-term | • National Coordinating Committee<br>• PSG | Good quality iron tablets available for distribution and sale                  |
|                  | 6. Reach consensus on food fortification  | 6. Meet with stakeholders   | Short-term  | Nutrition Unit                             | Consensus reached on food fortification  |
|                  | 1. Knowledge, attitudes, and skills of health providers and other extension workers | 1a. Develop and improve job aids<br>1b. Train and orient on the use of job aids   | Medium-term | • SHEP<br>• Nutrition Unit                 | Improved knowledge attitudes and skills of health workers and extension agents |
|                  | 1. Improve use of prenatal iron-folate supplements.                                 | 1a. Encourage women to go for prenatal care early in pregnancy.<br>1b. Counsel on supplement use  | Long-term   | Nutrition Unit                             | Increased number of iron-folate supplements taken                              |
| Intrapersonal    | 2. Maximize iron absorption.  | 2. Counsel on appropriate dietary intake  | Long-term   | Nutrition Unit                             | Increased consumption of foods high in bioavailable iron or vitamin C          |

CBO=community-based organization

FBO=faith-based organization

GHS=Ghana Health Services

GMA=Ghana Medical Association

IMCI=Integrated Management of Childhood Illness

MDA=ministries, departments, and agencies

MLGRD=Ministry of Local Government &amp; Rural Development

NGO=nongovernmental organization

NMC=National Medical Council

PSG=Pharmaceutical Society of Ghana

RBM=Roll Back Malaria

SHEP=School Health Education Program

## Annex 2

### Summary of Strategic Communication Plan in Ghana

|  | Target Audience  | Behavioral Objectives   | Targeted Message   | Channels   | Collaborators  | Short-Term Indicators   | Responsibility  |
|--|--|---|--|--|--|---|---|
| <b>SHORT TERM</b><br>Improve political awareness   | Political leaders at various levels: <ul style="list-style-type: none"><li>• Top civil servants</li><li>• Trade unions</li><li>• Employers associations</li><li>• Association of Ghana industries</li></ul>  | <ul style="list-style-type: none"><li>• Resources are committed to anemia control</li><li>• Anemia issues included in propaganda</li><li>• Anemia included in programs of their ministries, departments, and agencies</li></ul>           | <ul style="list-style-type: none"><li>• Anemia not only affects the health of women and children but also has serious repercussions in the educational and economic development of the country</li></ul>   | <ul style="list-style-type: none"><li>• One-on-one contact</li><li>• Awareness creation integrated into meetings of these bodies</li></ul>   | <ul style="list-style-type: none"><li>• Ghana News</li><li>• Agency</li><li>• UNICEF</li><li>• MOST/USAID</li><li>• WHO</li></ul>  | <ul style="list-style-type: none"><li>• Number of sensitization meetings with:</li><li>• Political leaders</li><li>• Political groups</li></ul>                         | <ul style="list-style-type: none"><li>• Nutrition Unit</li></ul>  |
| <b>SHORT TERM</b><br>Improve public awareness  | <ul style="list-style-type: none"><li>• Media</li><li>• Organizers of beauty pageants</li></ul>  | <ul style="list-style-type: none"><li>• Create demand for the required services and facilities for anemia control</li><li>• Organizers of beauty pageants convince winners of the pageants to help educate the public on anemia</li></ul> | <ul style="list-style-type: none"><li>• There is a lot that the public can do to reduce anemia if they appreciate its enormity and consequences and what they can do by themselves to control it</li><li>• The media can create awareness among the public</li></ul> | <ul style="list-style-type: none"><li>• Sensitization meetings for representatives of media houses</li><li>• Press briefs prepared for media</li></ul>   |  | <ul style="list-style-type: none"><li>• Number of articles</li><li>• anemia in the print media</li><li>• Number of anemia programs aired and articles printed</li></ul> | <ul style="list-style-type: none"><li>• Media</li><li>• RBM</li><li>• IMCI</li></ul>  |
| <b>MEDIUM TERM</b><br>Improve knowledge, attitudes, and skills of health providers and extension agents at the organization or institutional level | Professional bodies: <ul style="list-style-type: none"><li>• NMC</li><li>• GRNA</li><li>• PSG</li><li>• Manpower and Training Division of Ministries of Health, Agriculture, Education</li><li>• Local Government and Rural Development and Program Managers</li></ul> | Ensure that anemia is incorporated in pre-service and in-service curricula and training materials   | Health workers and extension agents who are the agents of change must have adequate knowledge skills on anemia control measures  | The Anemia Coordinating Committee will sensitize: <ul style="list-style-type: none"><li>• NMC</li><li>• GRNA</li><li>• Pharmacy Council</li><li>• PSG</li><li>• Program Managers, Manpower and training divisions of the concerned sectors</li></ul> | <ul style="list-style-type: none"><li>• Anemia Control Coordinating Committee</li><li>• Nutrition and Food Science Department of the University of Ghana</li><li>• University of Development Studies</li></ul> | <ul style="list-style-type: none"><li>• New pre-service and in-service curricula in place</li><li>• Number of meetings held with target audience</li></ul>              | <ul style="list-style-type: none"><li>• IMCI coordinator</li><li>• Representative from Teaching Hospital</li></ul>                      |
| Improve knowledge, attitudes, and skills of health providers at the interpersonal level  | <ul style="list-style-type: none"><li>• Program managers</li></ul>   | Due emphasis is placed on anemia control during teaching and IEC sessions   |  |  |  |   | <ul style="list-style-type: none"><li>• Nutrition Unit</li><li>• SHEP</li><li>• Health Education Unit of Ghana Health Service</li></ul> |

GRNA=Ghana Registered Nurses Association

IEC=information, education, and communication

IMCI=Integrated Management of Childhood Illness

MOST=USAID Micronutrient Program

NMC=National Medical Council

PSG=Pharmaceutical Society of Ghana

RBM=Roll Back Malaria

SHEP=School Health Education Program

UNICEF=United Nations Children's Fund

USAID=U.S. Agency for International Development

WHO=World Health Organization

## Annex 3

### Time Line of Strategic Communication Plan in Ghana

| Within the first 6 months  | 6–12 months   | 12–18 months  | 18–24 months  |
|--|---|---|---|
| <ol style="list-style-type: none"> <li>1. Sensitization meeting with Ministers of Health, Trade and Industry, Members of Parliament (Parliamentary Committee on Trade, Industry) on what the country is doing about anemia and passing of the fortification bill</li> <li>2. Produce information packs (to include press briefs)</li> <li>3. Encounter with the media</li> <li>4. Consensus building meetings on Anemia Control Strategy</li> <li>5. At least two reports in newspapers</li> <li>6. Public Statement by Health Minister on anemia referring to what the country is doing</li> <li>7. Airing of anemia messages as part of Safe Motherhood campaign</li> <li>8. Radio programs on anemia with anemia and deworming messages aired</li> <li>9. Sensitization meetings with National Medical Council</li> <li>10. Nurses and Midwives Council and Pharmacy Council meet on curriculum review</li> </ol> | <ol style="list-style-type: none"> <li>11. Consensus building meetings on school health policy</li> <li>12. Sensitization meetings with top civil servants</li> <li>13. Sensitization of trade unions, employers associations, Association of Ghana Industries, and organizers of beauty pageants</li> <li>14. Dissemination of the finalized anemia control strategy</li> <li>15. Safe Motherhood campaign with anemia messages</li> <li>16. Airing of radio programs on anemia</li> <li>17. Meeting with program managers to harmonize standards for common indicators</li> <li>18. Develop plan for continuous media activities</li> <li>19. Review and develop protocols, information, education, and communication materials, job aids training manuals, and curricula to strengthen anemia control aspects</li> </ol> | <ol style="list-style-type: none"> <li>20. Sensitization meetings with Curriculum Development Division of Teacher Training, Agricultural Extension Training, Community Development Training Institutions</li> <li>21. Media Review Meetings</li> <li>22. Training orientation of health workers on new protocols and jobs</li> <li>23. Lobbying of parliamentarians, District Chief Executives, and District Assemblies in 20 Roll Back Malaria districts on supplementation of school-aged children</li> <li>24. Lobbying of parliamentarians, District Chief Executives, and District Assemblies in three selected districts on village-level fortification and on supplementation using sprinkles in children aged 6–24 months</li> <li>25. Orientation of chiefs, community-based and faith-based organizations on village-level fortification</li> </ol> | <ol style="list-style-type: none"> <li>26. Media review meetings</li> <li>27. Continue lobbying of parliamentarians, District Chief Executives, and District Assemblies on village-level fortification and supplementation in school-aged children</li> <li>28. Continue orientation of chiefs and community-based and faith-based organizations on village-level fortification</li> <li>29. Sensitization meetings with Directors of Agricultural Extension, Community Development, and School Health Education Program coordinators on incorporating anemia control issues in in-service training</li> <li>30. Integrate training on anemia control into ongoing in-service training of extension agents</li> </ol> |



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